



CITY OF BOSTON

HEALTH INSURANCE OPT-OUT PROGRAM POLICY

- The annual payment amount is either:
 - \$1,000.00 for waiving Individual coverage or \$1,500.00 for waiving Family coverage.

Or, if stated in your collective bargaining agreement

 - \$1,500.00 for waiving Individual coverage or \$2,500.00 for waiving Family coverage.
- To participate, employees must either be:
 - Currently enrolled in City medical coverage and drop the coverage during the Open Enrollment period for at least one year.

Or if stated in your collective bargaining agreement

 - You qualify if you were enrolled in a City of Boston health plan for at least one year at some point during your employment with the City and had previously dropped that coverage.
- Employees must provide written documentation of alternate medical coverage outside of the City's group plans on employer letterhead. This letter must include the dates of coverage and the names of all those covered by the plan. This documentation will be required on an annual basis to qualify for the opt-out benefit.
- The Health Insurance Waiver Form must be signed on an annual basis during the Open Enrollment period for plan year beginning July 1st.
- The level of opt-out benefit available to employees will be determined based on **current** eligibility. Therefore, all employees seeking to receive the family plan opt-out benefit **for the first time** must provide current proof of their dependents status, consistent with enrolling in a family plan (copy of your marriage certificate or birth certificate for **one** of your health insurance eligible dependents).
- If an employee who opts out of the City's coverage subsequently loses the alternate coverage, that employee may re-enroll in the City's coverage within 30 days of losing the alternative coverage.
- An employee rejoining the City's coverage within the year he/she receives an opt-out payment must refund the City a prorated amount of the opt-out payment.